

**North Carolina Department of Health and Human Services
North Carolina Immunization Branch
NORTH CAROLINA IMMUNIZATION REGISTRY
NCIR PHARMACY TRAINER AGREEMENT**

Please complete the contact information below and submit by email/fax to the appropriate Account Executive listed below:

Independent (Non-Mutual) Pharmacies, Independent (Mutual) Pharmacies, Carlie C's, Josef's, Mast, Drugs America and Health Care Center.	Account Executive: Hope Watson Fax: (919) 870-4823 Email: Hope.Watson@dhhs.nc.gov Phone: (919) 707-5557
Costco, Farm Fresh, Food Lion, Ingles, Kmart, Kroger, Sam's Club, BI-LO, CVS and Publix Pharmacies.	Account Executive: Brittney Wooten Fax: (919) 870-4823 Email: Brittney.Wooten@dhhs.nc.gov Phone: (919) 707-5116
Rite-Aid and Harris Teeter Pharmacies	Account Executive: Kathryn Carney Fax: (919) 870-4823 Email: Kathryn.Carney@dhhs.nc.gov Phone: (919) 707-5597
Walgreens and Target Pharmacies	Account Executive: Shirelle Everett Fax: (919) 870-4823 Email: Shirelle.Everett@dhhs.nc.gov Phone: (919) 707-5598

If you do not see your store listed above, please contact **Brittney Wooten** for additional information.

Name of Chain/ Independent Pharmacy:

Name of NCIR Pharmacy Trainer:

Corporate Street Address:

City & Zip:

County:

Phone:

Fax:

Email Address: **(An active/consistent business internet email address is required to participate in the NCIR.):**

NCIR Pharmacy Trainer Role & Responsibilities:

1. Complete a self-study online module prior to attending a live demonstrative webinar.
2. The NCIR Pharmacy Trainer is responsible for attending a live demonstrative webinar conducted by the NC Immunization Branch.
3. Once the NCIR Pharmacy Trainer has completed the live demonstrative webinar, they must complete and pass an online competency assessment.
4. Upon successful completion of the online competency assessment, the NCIR Pharmacy Trainer will then be able to start training their pharmacies on how to use the NCIR.
5. These trainers will be the NCIR Administrators within their respective pharmacies.
6. As the NCIR Pharmacy Trainer you are responsible for training identified immunizing pharmacist within your chain and or independent pharmacies on the use of the NCIR which is inclusive of but not limited to all components listed below:
 - Registering with NCID (North Carolina Identity Management Database).
 - Understanding of user roles and functions as well as how to add and edit individuals with these roles
 - Designating two Administrators (one administrator must be employed physically at the pharmacy location) per site to ensure that all users' access level does not exceed that individual's role in the agency and that access only be within the users scope of work.
 - Inactivating all users immediately should their role no longer necessitate the need for NCIR access, or if they are no longer employed with your pharmacy.
 - Logging into NCIR
 - Looking up clients in NCIR
 - Documenting Client immunizations in NCIR
 - Adding a new client into the NCIR.
 - Providing a certificate of Immunization to client
 - Providing a Vaccine Information Statement to client.
 - Reporting all adverse events as they occur through the Vaccine Adverse Event Reporting System (VAERS)
7. Require all users accessing NCIR under your authority to sign a NCIR User Confidentiality Agreement and retain on site for 3years.
8. The NCIR Pharmacy Trainer agrees to serve as the point of contact for all communication between the NC Immunization Branch and the pharmacies they train
9. For each site the NCIR Pharmacy Trainer successfully trains, they are to return to the Immunization Branch a completed roster for the store that is to include user names, user role, email addresses, and the date of the training at the pharmacy location. This roster is to be returned to the Branch within 48 hours of the training.
10. When possible the NCIR Pharmacy Trainer agrees to notify the NC Immunization Branch 10 days prior to a change in their position/role as trainer (ex: change in position, extended leave of absence, departure).

By signing below, you are indicating that you have read and agree to abide by the NCIR Provider Agreement. In addition, your signature indicates you agree to and will abide by the roles and responsibilities of being an NCIR Pharmacy Trainer with your organization.

NCIR Pharmacy Trainer
Printed Name

NCIR Pharmacy Trainer
Signature

Date